

WASHINGTON ESCROW OFFICER LICENSE APPLICATION

READ INSTRUCTIONS BEFORE BEGINNING!

Note: The instructions and information contained herein are an integral part of the application. Please read them carefully, and follow the directions explicitly. Failure to follow the instructions completely may result in a rejection of your application as incomplete or delays in processing and issuance of a license. **We suggest you make a blank copy of all forms in this package before you begin. Please type or print clearly in dark ink.**

BEFORE YOU APPLY FOR AN ESCROW OFFICER LICENSE

By now, you should have taken and passed the written Escrow Officer Examination. If you have not yet registered for the exam, contact DFI to request an Escrow Officer Examination Package. This package includes the Act and Rules (RCW 18.44 and WAC 208-680), the Study Guide, Trust Accounting Manual, and the Examination Registration form.

After you pass the examination, you must apply for the Escrow Officer License within one year. A licensed Escrow Agent company must appoint you to the position of Escrow Officer at this time. Your first Escrow Officer license cannot be issued under the "inactive" status.

If you are starting a new Escrow Agent business, contact DFI to request an Escrow Agent Application Package. This package also contains information about reserving a company name. Your Escrow Officer and Escrow Agent application packages should be submitted together.

If you are already licensed (either on active or inactive status) as an Escrow Officer in Washington, please use the Escrow Officer Transfer application form.

AVAILABLE ASSISTANCE

Please note that application packages are considered incomplete without all attachments. **If you need to request these forms in an alternate format (such as Braille, larger print, etc.), please contact our offices.** If you have any questions or require assistance in completing the enclosed application packet, you may request a pre-filing appointment with one of our licensing staff. **Please mail your completed application package, together with all attachments, and a check for application fee payable to the "Washington State Treasurer" to:**

Department of Financial Institutions
Division of Consumer Services
General Admin Bldg, 3rd Floor West
Post Office Box 41200
Olympia, WA 98504-1200

Web site: www.wa.gov/dfi/cs
e-mail: kmcdonnell@dfi.wa.gov
Phone: (360) 902-8703, press 1 for licensing
Fax: (360) 664-2258
TDD: (360) 664-8126

REFERENCE PHONE NUMBERS

Office of the Attorney General	(360) 753-6200	Master Business Licensing	(360) 664-1400
Secretary of State, Corporations Division	(360) 753-7115	Insurance Commissioner	(360) 753-7300
Escrow Association of Washington	(206) 937-5008	Limited Practice Officers Board	(360) 357-2404

WASHINGTON STATUTES, RULES, OPINIONS, AND POLICY

Escrow Officers are expected to be well versed in all sections of the Escrow Agent Registration Act, and the rules and opinions thereof. A copy of RCW 18.44, ("the Act"), and WAC 208-680, ("the rules"), are enclosed for your benefit. Additional copies of the Act and the rules (as well as other Washington State laws) may be obtained by contacting the Office of the Code Reviser at (360) 753-6804, or review on the Internet from <http://www.access.wa.gov>.

Opinions considered to be of importance to the majority of Escrow Officers, or those policies expected to be of general knowledge by the industry, will be forwarded to all licensees as issued. You may view them at our website, or fax requests for copies of opinions or policy statements. For a fee, you may request an opinion or clarification of a specific issue by writing the Division.

REQUIRED ATTACHMENTS

- 1) Personal credit report, including a public records search, pulled within six months. {WAC 208-680B-010}
- 2) A pair of fingerprint cards ("FBI Applicant" format, available at most municipal law enforcement agencies) taken within six months. {WAC 206-680B-020} Contact DFI to request blank fingerprint cards if your local law enforcement office does not have this format in stock.
- 3) A copy (not original) of your passing score certificate from the escrow officer examination, passed within one year.
- 4) Application fee \$169.87, made payable to the "Washington State Treasurer."
- 5) Verification of coverage by Agent's insurance (E & O, Fidelity bond).



State of Washington
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

ESCROW OFFICER LICENSE APPLICATION

PLEASE CHECK APPLICABLE BOX

☐ New Escrow Officer ☐ New Designated Escrow Officer ☐ New Branch Designated Escrow Officer
note: if already licensed, use Escrow Officer Transfer form

ESCROW OFFICER NAME:

Last Name First Name Full Middle Name

ESCROW AGENT COMPANY NAME: _____

TRADE NAME _____ "doing business as" _____ LICENSE # _____

PHYSICAL ADDRESS: _____

City County State Zip

Phone Fax e-mail address

MAILING ADDRESS: _____
If different

City County State Zip

APPLICANT IS HEREBY APPOINTED AS AN ESCROW OFFICER TO REPRESENT, ACT FOR AND IN BEHALF OF, THE ESCROW AGENT NAMED HEREIN.

Signature of Controlling Person at Escrow Agent Company [per WAC 208-680C-045(2)(a)]

Date

SIGNATURE AND OATH OF APPLICANT

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

Signature of Applicant

Date

ESCROW OFFICER INDIVIDUAL BACKGROUND FORM

Individual's Position:

☐ Escrow Officer ☐ Designated Escrow Officer ☐ Branch Designated Escrow Officer

NAME OF COMPANY: _____

INDIVIDUAL INFORMATION:

Last Name *First Name* *Full Middle Name*

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State issued _____

If the individual has ever used any other name (eg: maiden, prior marriage, nickname, etc), SSN, or date of birth (including errors made by others), list below. If not, please write "none".

INDIVIDUAL'S RESIDENCE _____

City *County* *State* *Zip*

Phone *Fax* *e-mail address*

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. My signature below authorizes the Department of Financial Institutions of the State of Washington to obtain a personal credit report through an impartial credit reporting agency. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature Date

ESCROW OFFICER INDIVIDUAL BACKGROUND FORM (CONTINUED)

NAME OF COMPANY: _____

Individual's Last Name

First Name

Full Middle Name

1. Are you a bona fide resident of the state of Washington?
() Yes () No
2. With the exception of motor vehicle violations, have you ever been convicted of a crime, felony, or misdemeanor in this state, any other state, the federal government, or any other jurisdiction within the past ten years? If yes detail on a separate page. (NOTE: If you have been convicted of a crime, you will be subject to an investigation, and you may be denied a license.)
() Yes () No
3. Is there a criminal complaint, accusation, or information presently pending against you, or are you under indictment in this state, any other state, by the federal government, or by any other jurisdiction? If yes detail on a separate page.
() Yes () No
4. Has any professional or occupational license or permit issued to you, or your right to engage in any business, ever been refused, suspended, revoked, or denied in this state or any other jurisdiction? If yes detail on a separate page.
() Yes () No
5. Have you ever had a civil order, verdict, or judgment entered against you in any court of competent jurisdiction in which the subject matter involved any real estate or business related activity? If yes detail on a separate page.
() Yes () No
6. Have you ever been discharged or requested to resign by any employer, or otherwise sever your business relationship with any person, because of dishonest or unethical actions alleged to have been committed by you?
() Yes () No
7. Do you agree to personally manage the office indicated in this application? (For DEO or Branch DEO only)
() Yes () No